

358/1.9

<b>SERIAL NUMBER</b> 09/339,222	<b>FILING DATE</b> 06/24/99	<b>CLASS</b> <del>362</del> 358	<b>GROUP ART UNIT</b> <del>2721</del> 2626	<b>ATTORNEY DOCKET NO.</b> 1982-0135P										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>TAKFUMI NOGUCHI, MINAMI-ASHIGARA-SHI, JAPAN; YOSHIYA OHARA,            MINAMI-ASHIGARA-SHI, JAPAN.</p> <p><b>**CONTINUING DOMESTIC DATA*****</b>            VERIFIED <u>NONE</u>  <u>mmv</u></p> <p><b>**371 (NAT'L STAGE) DATA*****</b>            VERIFIED <u>NONE</u>  <u>mmv</u></p> <p><b>**FOREIGN APPLICATIONS*****</b>            VERIFIED JAPAN 10-265330 09/18/98  <u>mmv</u></p> </div> </div>														
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/19/99														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">           Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no            35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance         </td> <td style="width:15%;"> <b>STATE OR COUNTRY</b>            JPX         </td> <td style="width:15%;"> <b>SHEETS DRAWING</b>            5         </td> <td style="width:15%;"> <b>TOTAL CLAIMS</b>            5         </td> <td style="width:10%;"> <b>INDEPENDENT CLAIMS</b>            3         </td> </tr> <tr> <td colspan="5">           Verified and Acknowledged <u>mmv</u> <u>Cor</u>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Initials</span> <span>Initials</span> </div> </td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> JPX	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 3	Verified and Acknowledged <u>mmv</u> <u>Cor</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Initials</span> <span>Initials</span> </div>				
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p>BIRCH STEWART KOLASCH &amp; BIRCH LLP            PO BOX 747            FALLS CHURCH VA 22040-0747</p> </div> </div>														
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>IMAGE CORRECTION METHOD, IMAGE CORRECTION DEVICE, AND RECORDING            MEDIUM</p> </div> </div>														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"> <b>FILING FEE RECEIVED</b>             \$760         </td> <td style="width:45%;"> <b>FEES:</b> Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            NO. _____ for the following:         </td> <td style="width:40%;"> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees             <input type="checkbox"/> 1.16 Fees (Filing)             <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)             <input type="checkbox"/> 1.18 Fees (Issue)             <input type="checkbox"/> Other _____             <input type="checkbox"/> Credit           </div> </td> </tr> </table>					<b>FILING FEE RECEIVED</b>  \$760	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees             <input type="checkbox"/> 1.16 Fees (Filing)             <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)             <input type="checkbox"/> 1.18 Fees (Issue)             <input type="checkbox"/> Other _____             <input type="checkbox"/> Credit           </div>							
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